£03

. <u>¿ლა</u> . N	Vlontan	a Emplo	oyer's Unemploy	ment Insuranc	ce (UI) և և	iarter End		Due Date	
			Report – Form		`	-				
••••						En	nployer Ident	tificati	on Numbers	
			UI	Account Num	ber					
				Fe	Federal Id (FEIN)					
					UI	II Contribution Rate %				
					Administrative Fund Tax Rate %					
						UI	Total Tax Ra	ate		%
			f no wages are paid. Ir	g this						
online at U	JieServic	ittp://uia.aii. es.mt.gov	mt.gov/employers or ca If paying by check, pl	ll 406-444-3834. File lease use attached	e I vou	cher.				
Step 1.		□No Wa	ges paid for the quarter	covering this report						
applicable boxes Sold Business – Name, address and phone number of new owner: Ceased Employing – Last payroll date//										
and provide information			e in Name, Address, Pho		/_ tifica	tion Number (lis	st corrections	here):		
requested		Amend	led Report							
Step 2.	Unemp	oloyment	Insurance Employ	yee Wage Listir	ng	☐ Check h	ere if wage lis	sting is	attached.	
Employ	yee's Soc	ial Security		loyee			Total Wages			
Number			Las	Last Name First			Name		Paid this Quarter	
										_
										-
Tota	als									
Step 3. Calculate Tax						State Unemployment Insurance Tax			Step 4. Number of UI Employees	
		aid this qua	rter		>				Number of covered	
2. UI total tax rate									who worked during,	
3. Total tax (multiply line 1 times line 2)									received pay for the	payroll
Credits (overpayment from prior quarters)									period that includes day of the month:	the 12 th
5. Adjustments to prior quarters (attach explanation)									day of the month.	
6. Balance due (line 3 – line 4 +/- line 5 see instructions)									1 st month	
7. Penalty and interest due, if you file late								:	2 nd month	
8. Paym	ent enclo	sed (line 6	+7)	>				3 rd month		
			mployment Insurance							
			and make a copy of this ges are paid or tax is du				t, additional w	age lis	stings and payment I	y the
Mail to: I certify the information on this repo						ort	Detail			
Unemployment Insurance Contributions Bureau			is true and correct.			shana Nisarti	Date: Det Name/Title of Contact Person Telephone No			
	риноп'я Би х 6339	ii c au	Authorized Signature Title Telephone Number Name/Title of C					Contac	ct Person Telep	ohone No

Helena MT 59604-6339